

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.:

FILING DATE

APPLICANT(S)

10824689

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 3RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
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43		0				
44		0				
45		0				
46		0				
47	01	0				
48						
49	1					
50						
TOTAL IND.	4					
TOTAL DEP.	70					
TOTAL CLAIMS	74					

51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						